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APPLICANTS HENRY JOHN HUMMEL JR., Waukesha, WI; THOMAS L. LAMOUREUX, Waukesha, WI; KARAMJEET SINGH, Germantown, WI; SUNIL MELEPATT PALLIYAL, Waukesha, WI; DAVID ADAM ROSS, Wauwatosa, WI; JAMES F. KOHLI, Waukesha, WI;				
** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/11/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Examiner's Signature</i> <i>J.U.</i> Initials		STATE OR COUNTRY WI	SHEETS DRAWING 7	TOTAL CLAIMS 24
				INDEPENDENT CLAIMS 6
ADDRESS 44702				
TITLE MEDICAL DIAGNOSTIC SYSTEM WITH ON-LINE REAL-TIME VIDEO TRAINING				
FILING FEE RECEIVED 1126	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	